SCHEDULE B (FEC Form 3)

FOR LINE NUMBER: PAGE 189 / 194

_	TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 17
	Any Information copied from such Reports and Statem or for commercial purposes, other than using the nam		, any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee
	NAME OF COMMITTEE (In Full) Kilroy for Congress		
Α.	Full Name (Last, First, Middle Initial) Jeffrey M. Dickemann		Transaction ID: D269726 Date of Disbursement 0 5
	Mailing Address 2901 Humphrey Avenue City Richmond	State Zip Code CA 94804-1117	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution Refund Candidate Name	C	Category/
	Office Sought: House Disburse Senate President State: District:	ement For: 2010 Primary X General Other (specify)	Туре
В.	Full Name (Last, First, Middle Initial) Ms. Dorothy Nicholson-Brown Mailing Address 3850 Galt Ocean Drive, Apt. 801	Transaction ID: D269725 Date of Disbursement M 5 M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
		State Zip Code FL 33308	Amount of Each Disbursement this Period 50.00
	Contribution Refund Candidate Name		Category/ Type
	Office Sought: House Disburse Senate President State: District:	ement For: 2010 Primary X General Other (specify) ▼	
_	State. DISTITUTE.		

SUBTOTAL of Disbursements This Page (optional)		80.00
TOTAL This Period (last page this line number only)	•	80.00